MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/869595

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			l			
2				l		
3				l		
4						
5						
6				l		
7				l		
8				l		
9				l		
10						
11						
12						
13						
14						
15				l		
16				l		
17						
18						
19				l		
20				l		
21						
22						
23						
24				l		
25				l		
26						
27						
28				l		
29						
30				l		
31						
32						
33						
34						
35				l		
36						
37						
38						
39						
40						
41				l		
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				l		
52				l		
53				l		
54						
55				l		
56				l		
57				l		
58				l		
59				l		
60				l		
61				l		
62				l		
63						
64						
65						
66						
67						
68						
69						
70						
71				l		
72			l			
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS